ALCOHOLIC PSYCHOSES IN HOSPITALS FOR THE INSANE.*

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With the recent and increasing tendency to extend the frontiers of insanity, very many cases are now committed to hospitals for the insane, which formerly would have never, or seldom, been sent there. Take for example, infection and exhaustion psychoses, simple senile deterioration, imbecility, etc. Thus our hospitals are overcrowded.

Hence an important question which confronts us is: Should all cases of alcoholism be treated in hospitals for the insane? This question has not been finally settled. There is no doubt that many alcoholics develop a psychosis of some kind. Delirium tremens at once occurs to us and is now considered by all but a few physicians as a *mental* disorder, presenting deep clouding of consciousness, numerous and terrifying hallucinations and delusions, great fear, inability to control attention, great psychomotor unrest, besides the tremors, insomnia, anorexia and other physical symptoms. The course is rapid and the prognosis fairly good, at least for first attacks, with prompt and proper treatment. Cases of delirium tremens are being committed to this hospital¹ to a large extent during the past ten years, viz., seventy-five cases, six of whom were females. Cases are also being sent more and more freely to general hospitals, whereas twenty or more years ago they would have been treated at home, in police stations, jails, or, where such existed, in inebriate asylums.

Owing to the extreme fear, restlessness, defensive and protective movements—attempts to escape from the threatening “horrors”—which often lead to assaults on the nurses and physicians, and the almost continuous outcries by night as well as by day, these patients are a very disturbing element, and unless

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¹ Connecticut Hospital for Insane. Dr. Henry S. Noble, superintendent, has kindly given permission to use statistics.

proper means of isolation are available will upset the order of an entire ward.

In alcoholic delusional insanity and alcoholic paranoia, we find patients as a rule comparatively free from motor unrest, although brief exacerbations of excitement may occur. In these psychoses the *fundamental* symptoms are the delusions of persecution, infidelity or hostility, with hallucinations, almost invariably aural, while consciousness is clear, the train of thought is fairly relevant, the emotional affect is not in proportion to the delusional formation, and patients can and often will co-operate in treatment, as they have *some* insight as to the *cause* of their trouble.

During the past ten years there have been admitted to this hospital 170 cases of alcoholic delusional insanity, 19 of whom were women. During the same period there were admitted 167 cases of chronic alcoholism, 35 of whom were women. This psychosis, which practically forms the basis on which arise most, if not all, of the other alcoholic psychoses, is characterized by a gradually progressive deterioration, shown chiefly in impaired memory, lack of concentration, incapacity for production, faulty judgment, moral degeneration and blunted emotions. The ultimate dementia in cases which do not recover never reaches the extent and intensity of that characteristic of dementia præcox.

We have had a few cases of alcoholic paresis and Korsakow's psychosis. My object is not, however, to give the complete symptomatology and course of the alcoholic psychoses, but simply to call attention to their *fundamental* symptoms.

Alcoholic psychoses, classified as such, have only within a very few years been reported in the tables of our American hospitals; in fact, some hospitals do not now report them. They have been tabulated under the head of *toxic* insanity, or packed in with the cases of acute and chronic mania or melancholia, according to the predominance of certain psychomotor symptoms and emotional states. To-day, anyone with a fairly long experience, recognizes the fact that the psychoses induced by alcohol present a fairly typical clinical picture, taking into consideration not only the etiology and symptomatology, but the *course*, prognosis and treatment. Alcoholic abuse is associated with *other* causative factors in psychoses other than alcoholic, but for the purposes of this brief paper all such are excluded.

We will now proceed to a statistical study of the number of alcoholic psychoses admitted to the Connecticut Hospital for the Insane since the adoption of the Kraepelin classification, October 1, 1898. Dr. A. R. Diefendorf, in a study of 2000 consecutive cases, found that 238 cases, or 11.90 per cent, were alcoholics.

TABLE I.

	Male.	Female.	Total.
Acute alcoholism	2	0	2
Alcoholic delusional insanity ²	97	12	109
Chronic alcoholism	46	12	58
Delirium tremens	45	9	54
Alcoholic paranoia	10	3	13
Alcoholic paresis	2	0	2
	<hr/> 202	<hr/> 36	<hr/> 238

From October 1, 1898, to September 30, 1907, there were admitted to this hospital 3893 cases, all of which were thoroughly examined, presented before our regular daily staff meetings, and criticized by the entire medical staff. All were carefully reviewed, and no case was tabulated until the diagnosis had been confirmed. The next tables gives the admissions of the alcoholic psychoses for the last nine years.

TABLE II.

	Total admissions.	Total alcoholics.	Per cent of alcoholics to admissions.
1898-9	425	40	9.41+
1899-0	450	52	11.55+
1900-1	424	47	11.08+
1901-2	437	39	8.92+
1902-3	425	56	13.17+
1903-4	459	48	10.45+
1904-5	466	48	10.30
1905-6	413	53	12.59
1906-7	394	57	14.46
	<hr/> 3893	<hr/> 440	<hr/> 11.30+

The percentage of total cases of "toxic insanity" admitted prior to October 1, 1898 (which included a few cases of morphinism),

² Kraepelin now substitutes two forms—acute alcoholic hallucinosis and alcoholic hallucinatory dementia—for this group.

to the total admissions for the same period, viz., 247 cases out of 8446, was 2.92+. While with the more modern resources in the way of examination, and the greater care now taken to procure a full and detailed history of cases, the percentage of alcoholic psychoses would perhaps have been greater prior to 1898, the writer is convinced that during the past decade there has been an actual, and not merely a relative, increase in the number of alcoholics committed to this hospital. This is shown by the following table in the order of classification:

TABLE III.

	1899	1900	1901	1902	1903	1904	1905	1906	1907
Chronic alcoholism	24	17	15	15	16	18	20	16	26
Delirium tremens	10	14	11	3	13	4	8	6	6
Alcoholic delusional insanity...	3	16	18	19	26	25	17	26	20
Alcoholic paranoia	3	5	2	2	1	1	3	4	3
Alcoholic paresis	0	0	1	0	0	0	0	1	1
	—	—	—	—	—	—	—	—	—
	40	52	47	39	56	48	48	53	56=439

I have been unable to study the statistics of American hospitals fully, but have derived some data from a few hospitals in New England. At Danvers, Mass., the total alcoholics admitted in 1903 was 54, and total admissions were 432; in 1904, 100 cases to 754 admissions; and in 1905, 73 cases to 514 admissions. This gives the yearly percentage of alcoholics to total admissions as 12.50 per cent in 1903; 13.26 per cent in 1904; and 14.20 per cent in 1905. Average for three years was 13.35+. At Bridgewater the per cent was 17.89+ for 1903 and 36.55 for 1904. These patients were all from the criminal class, which accounts for the excessively large ratio.

In Vermont, heretofore a prohibition State, we found the per cent to be 8.44, while in 1906 it was only 2.40+. At Westboro in two years (1905-6) there were 96 alcoholics in 874 total admissions—a percentage of 10.98+.

At Medfield the percentage of alcoholic psychoses to total admissions for four years (1902-6) was respectively 8.17+, 9.20+, 12.66 and 13.38+. Average for four years was 10.73+. The average at the Taunton Hospital for three years (1903-6) was 10.80 per cent.

Omitting Vermont and Bridgewater, we find pretty uniform ratios in the others investigated, as shown in Table IV.

TABLE IV.

Danvers	13.35+
Westboro	10.98+
Medfield	10.73+
Taunton	10.80
Middletown	11.30+
Diefendorf (2000 cases).....	11.90

In Italy, out of 1814 patients admitted to the Naples Asylum in 1901-5, 314 were definitely ascertained to be alcoholics—a percentage of 17.30+. Bianchi¹ thinks there is perhaps an unconscious effort to make up for deficiency of food by taking alcoholic beverages, or to counteract the mental depression that is produced by the existing intellectual, physical, and social conditions. It is probable that in southern Italy much, not only of the epilepsy, crime, and idiocy that occur in that region, but also of the corpulence, indolence, indifference, rarity of noble impulse, excitability, irascibility, and impulsiveness displayed by the population may be due to the excessive use of wine. He expects better remedial results from education than from legislation, and maintains that the doctor must take the leading part.

In France the large percentage of cases of alcoholism has aroused not only the medical men, but the state. The U. S. consular report quotes the results of a careful and systematic investigation made by Mr. Mirman, director of the Department of Public Assistance and Hygiene, to determine the exact relation in France of alcoholic excess to mental alienation. His report divides the patients in the various public asylums into three groupes: viz., (1) those affected by simple alcoholism; (2) cases of alcoholism complicated more or less with degeneracy or mental debility, and (3) all cases of mania, intermittent insanity, systematic delirium, etc., in which the abuse of alcoholic drinks has been a definite contributing cause.

Group one includes 2287 men and 721 women, a total of 3008. Group two comprises 2237 men and 1048 women, a total of 3285. Group three included 2538 men and 1101 women, a total of 3639. The grand total was 9932. At the same time the whole number of the insane from all causes in French asylums was 71,547. Hence the percentage of alcoholics of all kinds was 13.60.

¹ Review Neurology and Psychiatry, February, 1907.

This report also shows the important rôle in the drama of degradation played by absinthe, which has been fitly called "the curse of the youth of France." Four thousand, eight hundred and eighty-two, or nearly one-half of the above 9932 cases, owe their degradation to absinthe or the two or three other so-called "aperitifs" which in France form the customary tippie at cafes and drinking bars. The *serious* element in Mirman's statistics is the revelation of an *increase* during the decade from 1897 to 1907 of 57 per cent in the number of insane in thirty-six departments of France. The national league against the abuse of alcohol is now organized and actively pursuing a crusade against intemperance and the sale of absinthe and other noxious liquors.

While statistics are not available to the writer, it is my impression that the increase of alcoholic psychoses has been noted in many other countries; notably in Russia, England and Germany. In fact, alcohol has become not merely a local or state peril, but a national and even a world plague, the more dangerous because the results of its continued ingestion are often so insidiously manifested. The nations are beginning to notice and act.

In the report of the Connecticut Hospital for Insane for 1906 the trustees say:

Alcoholic patients are committed by the courts, many of them for definite terms. Many of them, after a short period in the hospital, are not insane in the true sense of the word, even if a very liberal interpretation of the term had declared them to be so at the time of the commitment. Still they must be retained until their sentence expires. What disposition to make of these unfortunate people is a very serious question affecting many families and homes.

Not only are hospitals beginning to ask if some special institutions should not be established wherein a large proportion of alcoholics should be treated, and not be required to mingle with the ordinary insane; not only are town and national governments discussing the problem of alcoholism in all its phases—medical, social, economic and therapeutic—but we find the business world also not only studying the question, but taking stringent action to protect its interests from the injuries inflicted on it by alcohol. For a dozen years or more every big railroad system in the country (U. S.) has enforced a rule against drinking by their employees, especially those in the operating departments. More

than one million men are included in this rule. On most of the roads the employe found entering or coming from a saloon while on duty is immediately discharged, unless he can prove that he did not visit the place to take a drink or to loaf. The United States Department of Labor found that 72 per cent of agriculturists, 79 per cent of tradesmen and 90 per cent of railroad officials discriminate against men who drink. So far as I can learn, no hospital, either general or special, in the civilized world, will knowingly keep in its employ any nurse who is known to drink. It seems ironical, but it is true, that no "respectable" saloon will employ a bartender who drinks.

In Great Britain, during the past seven years, there has been a reduction of nearly 14 per cent in the consumption of beer and of over 22 per cent in the consumption of distilled spirits. Sir Victor Horsley states that there has been a marked decrease in the use of alcohol in English hospitals since 1872, and in more recent years in its use in the special treatment of fevers, and his data seem to indicate, so far as they go, a changing medical view of the medicinal value of this agent.⁴

"In many of the great public hospitals of Berlin not a drop of alcohol ever enters the doors, efficient substitutes having been found."⁵ The last German National Socialist Convention voted almost unanimously against the use of alcohol during working hours, and inveighed against the pernicious custom of drinking four or five quarts of beer while at work—a procedure long regarded as sacred by many German laboring men.⁶ There is only room for an allusion to the great temperance movement, which starting in South Carolina and sweeping through the entire South, is now reaching out over the entire country. At this date over one-third of the entire population live in communities where the law forbids the sale of alcoholic beverages. In Connecticut a drastic law was enacted by the last legislature, decreasing the number of saloons. While no one (except fanatics) believes that prohibition laws will abolish all drinking, it is evident that the question of how to abate the evils of alcoholism is a vital one—a

⁴ Report British Association for Advancement of Science.

⁵ New York *Herald*.

⁶ Ibid.

condition and not a theory—and an educational process is going on which will bring forth some good.

The probation laws in force in many States are helps. In Chicago recently Judge Cleland severely reprimanded a physician because he prescribed brandy for a parole man, and threatened him with a jail sentence if he ever did it again. "This man loses control over himself when in liquor, and as a result of this dose went on a prolonged debauch—the first in many months. . . . It's men like you that overturn the work of a good many friends of a man. You ought to find out all about a man before you advise him to take liquor. This applies to all other physicians as well."¹

We have shown that to-day there is a very large number of cases of the alcoholic psychoses committed to our hospitals for the insane. As many of these cases tend to become, or are already chronic, the percentage of those present in any year will naturally increase. We have also shown in part that similar conditions prevail in other countries.

It seems to me that if alcoholics are to continue to be committed to these hospitals, there should be some legislative provision whereby every alcoholic, so far as his physical condition will allow, should be *made to work*, not only because occupation is now recognized as one of our most valuable therapeutic resources, but also for the economic gain. Most of this class will not work unless obliged. Further, courts should give long sentences. In my opinion, one year should be the minimum. In cases where patients are committed several times, disfranchisement might act as a deterrent. It would also be well to punish by imprisonment and fine any person selling or giving liquor to any alcoholic who had been an inmate of a hospital for the insane.

On the whole, I am more and more inclined to the opinion that the interests of the individual, the town and the State would be best subserved by creating in each State institutions devoted exclusively to the care of all alcoholic habitues, sane or insane. As this course is now generally recognized as proper for epileptics, most of whom display some mental deterioration, why not for alcoholics?

¹ Chicago paper.